IPDR6702				NORTH CAROLINA		DZ	AGE: 1	
	08/07/2006			S CHECKWRITE SUMMARY REPORT				
			C	HECKWRITE DATE: 08/08/2006				
		1		FINANCIAL PAYER: NCDMH				
							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAINM	0	0	*** NO DATA TO REPORT ***				
	H/DD/SAS							<b>†</b>
	.,,,							
		U	U		0	0		0
3404904	WESTERN HIGHLAN	21	123	DUPLICATE OF CLAIM-SYSTEM				
	DS LME							
		8534	105	SERVICE FACILITY LOCATION IS N	0	510	6723	6213
				OT A VALID IPRS ATTENDING	_			
				PROVIDER. PLEASE VERIFY THE F				
		70	103	THIS SERVICE IS NOT PAYABLE TO				
		15	103	YOUR SUBMITTED BILLING			-	-
	1			PROVIDER TYPE AND SPECIALTY IN			<u> </u>	
3404910	PATHWAYS	11	419	CLIENT NOT ELIGIBLE ON SERVICE				<u> </u>
	1			DATE	+		<del> </del>	-
								<b>+</b>
		8599	338	DETAIL NOT COVERED BY COMBINAT	27	980	6499	5519
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				<del> </del>
		8536	50	ATTENDING PROVIDER TYPE AND SP				
				ECIALTY COMBINATION IS NOT				
				VALID FOR SUBMITTED BILLING PR				
3404912	OLENIUS OCCUPANTA	8931	103	AMTNC INELIGIBLE TO RECEIVE SE				<del> </del>
3404312	CATAWBA COUNTYM ENTAL HEALT	0331	103	RVICES IN IPRS.			-	<del>                                     </del>
	111111111111111111111111111111111111111							
		8622	29	60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED	118	177	4172	3995
				FOR ADDITIONAL SERVICE.				<b> </b>
		8935	15	ASTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
								<del> </del>
3404913	MECKLENBURG COM	11	1360	CLIENT NOT ELIGIBLE ON SERVICE				1
	ENTAL HEALT			DATE				
		143	290	CLIENT ID NUMBER NOT ON STATE	225	0.40.5	2540	2254
		2.13	230	ELIGIBILITY FILE	285	2486	3640	1154
					1		t	
		8599	275	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				<u> </u>
				BENEFIT PACKAGE.			1	$\vdash$
	1						<u> </u>	
3404916	CROSSROADS BEHA	79	80	THIS SERVICE IS NOT PAYABLE TO				
	VIORAL HEAL			YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				<u> </u>
				INOVIDER TIPE AND SPECIABLE IN			1	$\vdash$
	1	8599	50	DETAIL NOT COVERED BY COMBINAT	0	247	12204	11957
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
	+	21	36	DUPLICATE OF CLAIM-SYSTEM	<del> </del>		<del> </del>	<del> </del>
	1						<u> </u>	
			1150					
3404917	CENTERPOINT HUM	11	1150	CLIENT NOT ELIGIBLE ON SERVICE DATE			1	<del>                                     </del>
	AN SERVICES						1	$\vdash$
	1						<u> </u>	
		8599	790	DETAIL NOT COVERED BY COMBINAT	184	4200	11840	7640
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.			1	<del>                                     </del>
	1		40.5	PROCEDURE IS NOT PAYABLE FOR Y			-	<del>                                     </del>
		8537	426	PROCEDURE IS NOT PAYABLE FOR Y				
		8537	426	OUR PROVIDER TYPE AND				
		8537	426					

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404918	ROCKINGHAM CO M	0	0	*** NO DATA TO REPORT ***				
	ENTAL HEALT							
		0	0		0	0	0	
3404919		0500	104	DETAIL NOT COVERED BY COMBINAT				
3404919	GUILFORD CO MEN TAL HEALTHC	8599	184	ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		537	19	PROCEDURE IS NOT COVERED FOR T HIS DATE OF SERVICE	16	248	2037	1789
		8931	16	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
				RVICES IN IFRS.				
3404920	ALAMANCE CASWEL	0	0	*** NO DATA TO REPORT ***				
	L AREA MH D	1						
	+	1						
		0	0		0	0	0	C
3404921	ORANGE PERSON C	5312	564	PRIOR AUTHORIZED DOLLARS EXCEE				
	HATHAM AREA	1		DED				
		27	474	DIAGNOSIS CODE MISSING OR INVA	0	1040	4247	2200
				LID. VERIFY AND ENTER THE	0	1848	4247	2399
				CORRECT DIAGNOSIS CODE AND SUB				
		11	228	CLIENT NOT ELIGIBLE ON SERVICE				
		11	220	DATE				
3404922	THE DURHAM CENT	11	90	CLIENT NOT ELIGIBLE ON SERVICE DATE				
	ER			DATE				
		0	0		0	90	90	C
3404923	FIVE COUNTY MH	11	585	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
		8599	249	DETAIL NOT COVERED BY COMBINAT	0	1377	3295	1918
				ION OF RECIPIENT, PROVIDER AND	-			
				BENEFIT PACKAGE.				
		21	179	DUPLICATE OF CLAIM-SYSTEM				
3404925	CAMPUTTE C. COMP.	21	603	DUPLICATE OF CLAIM-SYSTEM				
	SANDHILLS CENTE R FOR MH/DD	-		Of Canada Office				
	1				1			
			0.64	OF THUS NOW BY TOTAL ON COLUMN	+			
		11	264	CLIENT NOT ELIGIBLE ON SERVICE DATE	44	1387	4953	3566
		11	264	CLIENT NOT ELIGIBLE ON SERVICE DATE	44	1387	4953	3566
				DATE	44	1387	4953	3566
		11 8599	264	DETAIL NOT COVERED BY COMBINAT	44	1387	4953	3566
				DATE	44	1387	4953	3566
				DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	44	1387	4953	3566
3404926	SOUTHEASTERN RE			DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. ATTENDING PROVIDER TYPE AND SP	44	1387	4953	3566
3404926	SOUTHEASTERN RE	8599	144	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT	44	1387	4953	3566
3404926		8599	144	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. ATTENDING PROVIDER TYPE AND SP	44	1387	4953	3566
3404926		8599	144	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE. ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR DETAIL NOT COVERED BY COMBINAT	44		4953 4953	
3404926		8599 8536	144	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				3566 4502
3404926		8599 8536	144	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE. ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR DETAIL NOT COVERED BY COMBINAT				
3404926		8599 8536	144	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
3404926		8599 8536 8599	2338	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  ATTENDING PROVIDER TYPE AND SP ECTAILTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				

PROVIDER							TOTAL	TOTAL
		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	DROUTDER NAME	EOBS	DENIALS	DESCRIPTION		TOTAL		
,	PROVIDER NAME				DENIALS	DENIALS	FINALIZED	PAID
3404927	OUR PROPERTY AND AGE M	8599	120	DETAIL NOT COVERED BY COMBINAT				
3404927	CUMBERLAND CO M HC	0333	120	ION OF RECIPIENT, PROVIDER AND				
	nc			BENEFIT PACKAGE.				
		21	90	DUPLICATE OF CLAIM-SYSTEM	7	200	2516	2000
			30	DOLLIGHT OF CHILD DIGITAL	,	288	3516	3228
		8621	29	60 RESIDENTIAL LEVEL III TREAT				
		0021		MENT RECEIVED, PA IS REQUIRED				
				FOR ADDITIONAL SERVICE.				
3404929	LEE HARNETT MH/	0	0	*** NO DATA TO REPORT ***				
	DD/SAS	-	_					
	DD/ SAS							
		0	0		0	0	0	
					U	U	U	'
3404930	<b>+</b>	8329	544	CLAIM DENIED ATTENDING PROVIDE				
3101330	JOHNSTON COUNTY	0323	311	R CANNOT BE THE SAME AS				
	MNTL HLTHC			THE LMA				
				IRE DRA				
	1	8537	384	PROCEDURE IS NOT PAYABLE FOR Y				-
		0001	204	OUR PROVIDER TYPE AND	7	990	1012	2:
		1		SPECIALTY IN ACCORDANCE TO MEN			<del>                                     </del>	-
	1	1		OLDCIMBIT IN ACCOMDANCE TO MEN			-	-
		0500	E O	DEMATE NOW COURDED BY COMPANY				
		8599	50	DETAIL NOT COVERED BY COMBINAT			<del>                                     </del>	
		1		ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		1		DENEFII FACAAGE.				
3404931	1	11	615	CLIENT NOT ELIGIBLE ON SERVICE			1	
3404931	WAKE CO HUM SVC	11	613					
	BILLING OF			DATE				
		0500	0.1.1	DESCRIPTION OF STREET				
		8599	211	DETAIL NOT COVERED BY COMBINAT	39	1144	8449	730
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		191	85	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
3404933	SOUTHEASTERN CT	8599	43	DETAIL NOT COVERED BY COMBINAT				
	R FOR MH/DD			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		21	38	DUPLICATE OF CLAIM-SYSTEM	0	128	792	664
		21	38	DUPLICATE OF CLAIM-SYSTEM	0	128	792	664
		21	38	DUPLICATE OF CLAIM-SYSTEM	0	128	792	664
					0	128	792	664
		21	38	CLIENT ID NUMBER DOES NOT MATC	0	128	792	664
					0	128	792	664
				CLIENT ID NUMBER DOES NOT MATC	0	128	792	66-
		191	18	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	0	128	792	664
3404934	ONSLOW CARTERET			CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME CLIENT NOT ELIGIBLE ON SERVICE	0	128	792	664
3404934	ONSLOW CARTERET BEHAV HEAL	191	18	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	0	128	792	664
3404934		191	18	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME CLIENT NOT ELIGIBLE ON SERVICE	0	128	792	664
3404934		191	18	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME  CLIENT NOT ELIGIBLE ON SERVICE  DATE	0			
3404934		191	18	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME  CLIENT NOT ELIGIBLE ON SERVICE DATE CLIENT ID NUMBER MISSING OR IN	0	128		
3404934		191	18	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME  CLIENT NOT ELIGIBLE ON SERVICE DATE  CLIENT ID NUMBER MISSING OR IN VALID, ENTER CID AND SUBMIT				
3404934		191	18	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME  CLIENT NOT ELIGIBLE ON SERVICE DATE CLIENT ID NUMBER MISSING OR IN				
3404934		191	855	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME  CLIENT NOT ELIGIBLE ON SERVICE DATE  CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM				
3404934		191	18	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME  CLIENT NOT ELIGIBLE ON SERVICE DATE  CLIENT ID NUMBER MISSING OR IN VALID, ENTER CID AND SUBMIT				
3404934		191	855	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME  CLIENT NOT ELIGIBLE ON SERVICE DATE  CLIENT ID NUMBER MISSING OR IN VALID, ENTER CID AND SUBMIT AS A NEW CLIEN  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
3404934		191	855	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME  CLIENT NOT ELIGIBLE ON SERVICE DATE  CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM DETAIL NOT COVERED BY COMBINAT				
		191	855	CLIENT ID NUMBER DOES NOT MATC  H PATIENT NAME  CLIENT NOT ELIGIBLE ON SERVICE  DATE  CLIENT ID NUMBER MISSING OR IN  VALID, ENTER CID AND SUBMIT  AS A NEW CLAIM  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.				
		191	855	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME  CLIENT NOT ELIGIBLE ON SERVICE DATE  CLIENT ID NUMBER MISSING OR IN VALID, ENTER CID AND SUBMIT AS A NEW CLIEN  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
	BEHAV HEAL	191	855	CLIENT ID NUMBER DOES NOT MATC  H PATIENT NAME  CLIENT NOT ELIGIBLE ON SERVICE  DATE  CLIENT ID NUMBER MISSING OR IN  VALID, ENTER CID AND SUBMIT  AS A NEW CLAIM  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.				
	BEHAV HEAL	191	855	CLIENT ID NUMBER DOES NOT MATC  H PATIENT NAME  CLIENT NOT ELIGIBLE ON SERVICE  DATE  CLIENT ID NUMBER MISSING OR IN  VALID, ENTER CID AND SUBMIT  AS A NEW CLAIM  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.				
	BEHAV HEAL	191	855	CLIENT ID NUMBER DOES NOT MATC  H PATIENT NAME  CLIENT NOT ELIGIBLE ON SERVICE  DATE  CLIENT ID NUMBER MISSING OR IN  VALID, ENTER CID AND SUBMIT  AS A NEW CLAIM  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.				
	BEHAV HEAL	191	855	CLIENT ID NUMBER DOES NOT MATC  H PATIENT NAME  CLIENT NOT ELIGIBLE ON SERVICE  DATE  CLIENT ID NUMBER MISSING OR IN  VALID, ENTER CID AND SUBMIT  AS A NEW CLAIM  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.			1033	11.
	BEHAV HEAL	191	855	CLIENT ID NUMBER DOES NOT MATC  H PATIENT NAME  CLIENT NOT ELIGIBLE ON SERVICE  DATE  CLIENT ID NUMBER MISSING OR IN  VALID, ENTER CID AND SUBMIT  AS A NEW CLAIM  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.	0	919	1033	11.
3404935	BEHAV HEAL	191 11 120 8599	855	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME  CLIENT NOT ELIGIBLE ON SERVICE DATE  CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  *** NO DATA TO REPORT ***	0	919	1033	11.
3404935	BEHAV HEAL	191	855	CLIENT ID NUMBER DOES NOT MATC  H PATIENT NAME  CLIENT NOT ELIGIBLE ON SERVICE  DATE  CLIENT ID NUMBER MISSING OR IN  VALID. ENTER CID AND SUBMIT  AS A NEW CLAIM  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  *** NO DATA TO REPORT ***  DETAIL NOT COVERED BY COMBINAT	0	919	1033	11:
3404935	BEHAV HEAL  WAYNE CO MENTAL  HEALTH CTR  WILSON-GREENE M	191 11 120 8599	855	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME  CLIENT NOT ELIGIBLE ON SERVICE DATE  CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  *** NO DATA TO REPORT ***	0	919	1033	11:
3404935	BEHAV HEAL  MAYNE CO MENTAL  HEALTH CTR	191 11 120 8599	855	CLIENT ID NUMBER DOES NOT MATC  H PATIENT NAME  CLIENT NOT ELIGIBLE ON SERVICE  DATE  CLIENT ID NUMBER MISSING OR IN  VALID. ENTER CID AND SUBMIT  AS A NEW CLAIM  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  *** NO DATA TO REPORT ***  DETAIL NOT COVERED BY COMBINAT	0	919	1033	11:
3404935	BEHAV HEAL  WAYNE CO MENTAL  HEALTH CTR  WILSON-GREENE M	191 11 120 8599	855	CLIENT ID NUMBER DOES NOT MATC  H PATIENT NAME  CLIENT NOT ELIGIBLE ON SERVICE  DATE  CLIENT ID NUMBER MISSING OR IN  VALID. ENTER CID AND SUBMIT  AS A NEW CLIM  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  *** NO DATA TO REPORT ***  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND	0	919	1033	11
3404935	BEHAV HEAL  WAYNE CO MENTAL  HEALTH CTR  WILSON-GREENE M	191 11 120 8599	855	CLIENT ID NUMBER DOES NOT MATC  H PATIENT NAME  CLIENT NOT ELIGIBLE ON SERVICE  DATE  CLIENT ID NUMBER MISSING OR IN  VALID. ENTER CID AND SUBMIT  AS A NEW CLIM  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  *** NO DATA TO REPORT ***  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND	0	919	1033	111
3404935	BEHAV HEAL  WAYNE CO MENTAL  HEALTH CTR  WILSON-GREENE M	191 11 120 8599 0 0	28 28 0	CLIENT ID NUMBER DOES NOT MATC  H PATIENT NAME  CLIENT NOT ELIGIBLE ON SERVICE  DATE  CLIENT ID NUMBER MISSING OR IN  VALID. ENTER CIO AND SUBMIT  AS A NEW CLAIM  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  *** NO DATA TO REPORT ***  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.	0	919	1033	111
3404935	BEHAV HEAL  WAYNE CO MENTAL  HEALTH CTR  WILSON-GREENE M	191 11 120 8599 0 0	28 28 0	CLIENT ID NUMBER DOES NOT MATC  H PATIENT NAME  CLIENT NOT ELIGIBLE ON SERVICE  DATE  CLIENT ID NUMBER MISSING OR IN  VALID. ENTER CIO AND SUBMIT  AS A NEW CLAIM  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  *** NO DATA TO REPORT ***  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.	0	919	1033	11.
3404935	BEHAV HEAL  WAYNE CO MENTAL  HEALTH CTR  WILSON-GREENE M	191 11 120 8599 0 0	28 28 0	CLIENT ID NUMBER DOES NOT MATC  H PATIENT NAME  CLIENT NOT ELIGIBLE ON SERVICE  DATE  CLIENT ID NUMBER MISSING OR IN  VALID. ENTER CIO AND SUBMIT  AS A NEW CLAIM  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  *** NO DATA TO REPORT ***  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.	0	919	1033	11.
3404934 3404935	BEHAV HEAL  WAYNE CO MENTAL  HEALTH CTR  WILSON-GREENE M	191 111 120 8599 0 0	28 28 0	CLIENT ID NUMBER DOES NOT MATC  H PATIENT NAME  CLIENT NOT ELIGIBLE ON SERVICE  DATE  CLIENT ID NUMBER MISSING OR IN  VALID, ENTER CID AND SUBMIT  AS A NEW CLAIM  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  *** NO DATA TO REPORT ***  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  DUPLICATE OF CLAIM-SYSTEM	0	919	1033	(
3404935	BEHAV HEAL  WAYNE CO MENTAL  HEALTH CTR  WILSON-GREENE M	191 11 120 8599 0 0	28 28 0	CLIENT ID NUMBER DOES NOT MATC  H PATIENT NAME  CLIENT NOT ELIGIBLE ON SERVICE  DATE  CLIENT ID NUMBER MISSING OR IN  VALID. ENTER CIO AND SUBMIT  AS A NEW CLAIM  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  *** NO DATA TO REPORT ***  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.	0	919	1033	11.
3404935	BEHAV HEAL  WAYNE CO MENTAL  HEALTH CTR  WILSON-GREENE M	191 111 120 8599 0 0	28 28 0	CLIENT ID NUMBER DOES NOT MATC  H PATIENT NAME  CLIENT NOT ELIGIBLE ON SERVICE  DATE  CLIENT ID NUMBER MISSING OR IN  VALID. ENTER CID AND SUBMIT  AS A NEW CLAIM  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  *** NO DATA TO REPORT ***  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  DUPLICATE OF CLAIM-SYSTEM  DIAGNOSIS OR SERVICE INVALID F	0	919	1033	114

PROVIDER		HIGH DENIAL	NUMBER OF		muo	momay	TOTAL	TOTAL
PROVIDER NUMBER	PROVIDER NAME	EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS FINALIZED	CLAIMS
	PROVIDER NAME				DENIALS	DENIALS	FINALIZED	PAID
3404937	EDGECOMBE NASH	8518	192	CLAIM DENIED, SUBMITTED BEYOND				
	MNTL HLTH C			FILING TIMELIMIT. PRIOR				
				FISCAL YEAR DOS (JULY 1 - JUNE				
		21	18	DUPLICATE OF CLAIM-SYSTEM	0	214	1772	1558
						214	1772	1550
		8534	3	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING				
				PROVIDER. PLEASE VERIFY THE F				
3404939	NEUSE MENTAL HE	8599	13	DETAIL NOT COVERED BY COMBINAT				
	ALTH CENTER			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		21	12	DUPLICATE OF CLAIM-SYSTEM	0	37	1394	1357
						37	1334	1337
	1	79	5	THIS SERVICE IS NOT PAYABLE TO				
	+	1		YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
	+							
3404941	PITT CO MH/DD/S	21	5703	DUPLICATE OF CLAIM-SYSTEM				
	AS CENTER							
		8536	4909	ATTENDING PROVIDER TYPE AND SP				
	+	0000	.505	ECIALTY COMBINATION IS NOT	68	14006	16026	2020
				VALID FOR SUBMITTED BILLING PR				
		8537	1510	PROCEDURE IS NOT PAYABLE FOR Y				
				OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN				
				SPECIALII IN ACCORDANCE TO MEN				
3404942	ROANOKE CHOWANH	8931	6	AMTNC INELIGIBLE TO RECEIVE SE				
	UMAN SERVIC			RVICES IN IPRS.				
		21	5	DUPLICATE OF CLAIM-SYSTEM	6	22	768	746
		8599	3	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404943	AT DEMANT P. MENINA	8931	69	AMTNC INELIGIBLE TO RECEIVE SE				
	ALBEMARLE MENTA L HEALTH CE			RVICES IN IPRS.				
	a manarii oa							
		21	44	DUPLICATE OF CLAIM-SYSTEM	90	290	3239	2949
	+							
		8599	42	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404944	DA ORDO TARRO UNA	8536	564	ATTENDING PROVIDER TYPE AND SP				
	EASTPOINTE HUMA N SERVICES			ECIALTY COMBINATION IS NOT				
	52111 1020			VALID FOR SUBMITTED BILLING PR				
	1	8534	229	SERVICE FACILITY LOCATION IS N	1	1086	4108	3022
				OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F				
	+			INCVIDEN. FEBRUE VERIFI INE F				
		8532	129	SUBMITTED BILLING PROVIDER IS				
				NOT ELIGIBLE FOR DATE OF				
				SERVICE BILLED				
3404044		9500	602	DEBATI NOT COVEDED DV COMPANS				
3404946	FOOTHILLS AREAM ENTAL HEALT	8599	692	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
	ENTRE HERE!			BENEFIT PACKAGE.				
		537	488	PROCEDURE IS NOT COVERED FOR T	0	1458	1965	507
				HIS DATE OF SERVICE				
	+							
		24	161	PROCEDURE CODE, PROCEDURE/MODI				
		1		FIER COMBINATION OR PROCEDURE				
				CODE/TYPE OF SERVICE COMBINATI				
			1				. —	1

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404957	TIDELAND MENTAL	8931	22	AMTNC INELIGIBLE TO RECEIVE SE				
	HEALTH CTR			RVICES IN IPRS.				
		8599	21	DETAIL NOT COVERED BY COMBINAT				
		0399	21	ION OF RECIPIENT, PROVIDER AND	33	83	365	282
				BENEFIT PACKAGE.				
		21	15	DUPLICATE OF CLAIM-SYSTEM				
3404979	NEW RIVER AREAM	11	260	CLIENT NOT ELIGIBLE ON SERVICE				
	H/DD/SA PRO			DATE				
	11/ 00/ 011 1110							
		21	130	DUPLICATE OF CLAIM-SYSTEM	19	534	3448	2914
		8599	64	DETAIL NOT COVERED BY COMBINAT				
			-	ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				